

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IP NO.	DATE
FEE DETERMINATION	NW	71534	10-28-99
O.I.P.E. CLASSIFIER		18	11-4-99
FORMALITY REVIEW	mmic	69169	11-15-99

INDEX OF CLAIMS

✓ ..... Rejected  
 ✓ ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-2-99
2	✓	✓	12-2-99
3	✓	✓	12-2-99
4	✓	✓	12-2-99
5	✓	✓	12-2-99
6	✓	✓	12-2-99
7	✓	✓	12-2-99
8	✓	✓	12-2-99
9	✓	✓	12-2-99
10	✓	✓	12-2-99
11	✓	✓	12-2-99
12	✓	✓	12-2-99
13	✓	✓	12-2-99
14	✓	✓	12-2-99
15	✓	✓	12-2-99
16	✓	✓	12-2-99
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18	✓	✓	12-2-99
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20	✓	✓	12-2-99
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44	✓	✓	12-2-99
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46	✓	✓	12-2-99
47	✓	✓	12-2-99
48	✓	✓	12-2-99
49	✓	✓	12-2-99
50	✓	✓	12-2-99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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